

NMPS ONBOARD VIDEOTAPE RESPONSE FORM

RCS BUPERS 1710-26 SUPPORTING DIRECTIVE BUPERSINST 1710.15A

[illegible]

MAKE AS MANY COPIES OF THIS FORM AS REQUIRED TO REPORT DISCREPANCIES

SIGNATURE:	DATE INVENTORIED:
NAME/RANK/POSITION:	
COMMERCIAL/DSN PHONE NUMBER:	FAX: